



PTO/SB/31 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number (Optional)
55114(71850)In re Application of
Nathan Woodward et al.

| | |
|--|-------------------------|
| Application Number 09/924,153-Conf. #1475 | Filed August 7, 2001 |
| For DEVICE FOR COOLING A BEARING; FLYWHEEL ENERGY STORAGE SYSTEM USING SUCH A BEARING COOLING DEVICE AND METHODS RELATED THERETO | |

| | |
|------------------|----------------------------|
| Art Unit 3753 | Examiner A. J. Flanigan |
|------------------|----------------------------|

1253
1020

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 0451105. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

- applicant /inventor.
- assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)
- attorney or agent of record.
Registration number _____
- attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. 35,487

Signature

William J. Daley, Jr.

Typed or printed name

(617) 439-4444

Telephone number

May 3, 2005

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

5/06/2005 MAHMED1 00000053 041105 09924153

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09924153

Best Available Copy

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|----------------|-------------------------------------|
| TOTAL CLAIMS | 104 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 131 minus 20 = | 111 |
| INDEPENDENT CLAIMS | 11 minus 3 = | 8 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input checked="" type="checkbox"/> |

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9= | | OR X\$18= | 178 |
| X40= | | OR X80= | 640 |
| +135= | | OR +270= | 270 |
| TOTAL | | OR TOTAL | 361 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|---|---|-------|---|------------------|------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | 75 | Minus | 104 | = | | |
| Independent | 9 | Minus | 11 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|---|---|-------|---|------------------|------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | 108 | Minus | 131 | = | | |
| Independent | 11 | Minus | 11 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | |
|---|---|-------|---|------------------|------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | 68 | Minus | 68 | = | | |
| Independent | 11 | Minus | 11 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.